

BENEFITS

Mass Advantage members are eligible for all benefits covered under the Original (Fee-for-service) Medicare Program. In addition, Mass Advantage offers benefits for pharmacy, dental, vision, hearing and health and wellness services. For a complete list of covered benefits, please refer to the Evidence of Coverage.

[Evidence of Coverage](#)

Summary of Benefits

Members obtain most of their healthcare services directly from their primary care provider depending on plan type.

[Summary of Benefits](#)

The covered services listed in the Summary of Benefits are covered only when all requirements listed below are met:

- Services must be provided according to coverage guidelines established by the Medicare program.
- The medical care, services, supplies, and equipment that are listed as covered services must be medically necessary. Medically necessary refers to services or supplies that: are proper and needed for the diagnosis or treatment of the member's medical condition; are used for the diagnosis, direct care, and treatment of the member's medical condition; meet the standards of good medical practice in the local community; and are not mainly for the convenience of the member or the member's doctor. Certain preventive care and screening tests are also covered.
- HMO covered services must be provided by plan providers.
- Certain services require prior authorization by Mass Advantage.
- For those temporarily out of the service area emergency and urgently needed services will be covered as provided in 42 CFR 422.113 and renal dialysis services will be provided in accordance with 42 CFR 422.100(b)(1)(iv).



Providers and members must comply with any administrative, billing or payment policies established under Medicare or by Mass Advantage. For example, some covered services require “prior authorization” by Mass Advantage to be covered.

Pharmacy Benefits

Prescription drug benefits are available to all Mass Advantage members. Prescriptions must be on-formulary (or subject to an exception), meet other coverage and administrative criteria, and be filled by a participating pharmacy to be covered. Mass Advantage contracts with a network of chain, independent, home infusion and long-term care pharmacies.

A list of participating pharmacies is available on our website at <http://www.massadvantage.com> or contacting the Mass Advantage Provider Services Department at:

844-918-0114 (HMO)

844-915-0234 (PPO)

TTY: 711

From October 1 to March 31, we’re available 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we’re available Monday through Friday from 8 a.m. to 8 p.m. EST.

When a member travels outside of the plan service area a national network of pharmacies is available. If a member must use an out-of-network pharmacy, they will generally have to pay the full cost of the prescription in some cases or a copay/coinsurance differential. The member may request to be reimbursed for the cost covered by Mass Advantage via Direct Member Reimbursement on our website at www.massadvantage.com or by contacting the Mass Advantage Member Services Department at:

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Prescription coverage and cost varies by plan.

Formulary

Mass Advantage offers an extensive drug formulary. Generic prescriptions, when appropriate, are the most cost-effective alternatives. Mass Advantage's formulary includes a complete list of the drugs that we cover, generic and brand name and any requirements, limits and/or restrictions for each drug, if applicable. Visit <http://www.massadvantage.com> for the most recent version of the formulary.

Co-payments/Co-insurance

Member cost sharing for medications varies by plan, drug type and the amount of financial help, if any, that the member may receive. Members should contact Mass Advantage Member Services to learn more about their specific coverage.

Please Note: Mass Advantage may place limits on the amount of medication a member may receive. Members can receive up to a 30 or 90-day supply of medication for prescriptions filled at an in-network retail pharmacy. A 90-day mail order benefit is also available for all plans. Patients in Long Term Care settings are able to receive a 31-day supply.

Some formulary medications may have additional requirements or limits on coverage. These requirements and limits may include: prior authorization, quantity limits, or step therapy. If use of a formulary medication is not medically advisable for a member, you must complete a Drug Exception Form for the non-formulary product. Please refer to our website at www.massadvantage.com for this form. Please refer to the Referral and Authorization Section of this manual for information regarding requesting non-formulary drugs.

Drug Exclusions

- A Medicare Prescription Drug Plan can't cover a drug purchased outside the United States and its territories.
- A Medicare Prescription Drug Plan can cover off-label uses (meaning for uses other than those indicated on a drug's label as approved by the Food and Drug Administration) of a prescription drug only in cases where the use is supported by certain reference-book citations - American

Hospital Formulary Service Drug Information and the DRUGDEX Information System. If one of these reference books, known as compendia, does not support the diagnosis indicated by the provider then the drug may not be covered by our Plan.

In addition, by law, certain types of drugs or categories of drugs are not normally covered by Medicare Prescription Drug Plans. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs.”

Drugs Covered under Part B

Drugs covered under Part B are typically injectable or infusible and are not self-administered but are administered as part of a physician’s service. Some examples include certain cancer drugs and blood clotting factors. Additional items that are covered under Part B include insulin when administered via pump, medications used via nebulizers, and diabetes test strips. These medications are typically available to members at their pharmacy, via a DME supplier, or an outpatient infusion site.

Drugs Covered under Part B or Part D

Some drugs can fall under either Part B or Part D. The determination of coverage as to whether the drug is covered under Part B or Part D is based on several factors such as diagnosis, route of administration and method of administration. For a list of medications in this category, refer to the CMS website at www.cms.gov; choose Medicare -> Prescription Drug Coverage-General Information -> Downloads, and select the appropriate document. Alternatively, you may contact the Mass Advantage Provider Services department at:

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Home Infusion

Mass Advantage will cover drugs for home infusion therapy if the home infusion services are provided by a home infusion therapy network pharmacy. For information on home infusion therapy, contact the Mass Advantage Provider Services Department at:

- 844-918-0114 (HMO)
- 844-915-0234 (PPO)
- TTY: 711

Vaccines

Part D covers most preventive vaccines. Examples of Part D vaccines include the shingles and TDAP vaccines; Part B covers vaccines that are directly related to the exposure to a disease or condition. Examples of Part B vaccines include flu, pneumococcal, hepatitis B, COVID, and some other vaccines (i.e., Hepatitis B) for intermediate or high-risk individuals. Detail vaccine coverage information is outlined in Appendix I.

General Exclusions and Limitations

Exclusions and limitations are described in the Evidence of Coverage (EOC) booklet. The Evidence of Coverage booklet can be found on Mass Advantage's website at www.massadvantage.com.

At any time during the year, there can be changes in Medicare laws and regulations as well as local coverage determinations and national coverage determinations applicable to the Original Medicare program. Since Mass Advantage covers what Original Medicare covers, such changes would affect coverage under Mass Advantage as well.